

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/337675 FILING DATE

APPLICANT(S)

1118106

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2		/		
3		/		
4				
5	/			
6		/		
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48		/		
49		/		
50		/		
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*		*		*
51		1		
52		1		
53		1		
54		1		
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97				
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99				
100				
TOTAL IND.	3			
TOTAL DEP.	49			
TOTAL CLAIMS	52			